

Montana WIC Program Breast Pump Release Form

I understand this breast pump is for my personal use. I have been instructed by _____ on the following topics:

_____ pumping techniques
_____ cleaning, assembly and care of the pump
_____ storage and use of pumped breast milk

I agree to:

_____ Use the pump and its parts as instructed by the staff.

_____ Contact _____ at _____ if I need further information or have questions on the use of the breast pump.

I understand that the local WIC Program, the Montana Department of Public Health and Human Services and their employees are NOT responsible for any personal damage caused by the use of this breast pump. I AM THE ONLY ONE RESPONSIBLE.

_____ Participant Signature	_____ Date
_____ Phone #	_____ ID#
_____ Pump Given	_____ Instructed By
_____ Comments	